

# **UNIVERSAL PRECAUTIONS**

## **INTRODUCTION**

This document provides general information about the guidelines, laws, and rules and regulations that govern the use of universal precautions in dental facilities in Indiana.

This information is provided for educational purposes only. The Oral Health Program (OHP) at the Indiana State Department of Health (ISDH) cannot provide legal opinions on the interpretation of guidelines, laws, and rules and regulations. Dental professionals are responsible for understanding and applying these as they pertain to the practice of dentistry in Indiana.

## **BACKGROUND**

The rules and regulations for the use of universal precautions by health care providers in Indiana are contained in 410 IAC 1-4, Universal Precautions (Rule 4). This administrative code gains its authority from the laws contained in Indiana Code (IC) Title 16, Article 41, and Chapter 11. These codes often cite Occupational Safety and Health Administration (OSHA) rules and regulations, which may also apply.

The Centers for Disease Control and Prevention (CDC) provides useful guidelines pertaining to infection control in dental health care settings that are often needed for greater understanding of the dental profession's responsibilities.

The following summarizes many important requirements pertaining to universal precautions in dental facilities in Indiana.

## **FACILITY OPERATOR RESPONSIBILITIES**

An individual or entity that is a facility operator shall

- provide annual training in OSHA bloodborne pathogens standards for all health care workers in a facility;
- provide training in universal precautions as required under IAC;
- maintain a record of training in OSHA bloodborne pathogens standards and make this record available upon request of the ISDH;
- maintain evidence of compliance with universal precautions education requirements and make this evidence available upon request of the ISDH;
- provide appropriate equipment and expendables to implement universal precautions, including eye protection, mask, gloves, and protective clothing (if protective clothing is not disposable the employer is responsible for laundering); and
- display or make available to the public written materials, prepared or approved by the ISDH, explaining universal precautions and patients' rights (e.g. Indiana Universal Precautions Patients' Rights document).

OPINION: It is the OPINION of the OHP that it would be preferable for facilities to display the Indiana Universal Precautions Patients' Rights document.

## **FACILITY OPERATOR POLICIES**

A facility operator shall develop a written policy in compliance with Universal Precautions, Rule 4. The facility operator shall also develop a written policy in compliance with OSHA bloodborne pathogens standards.

These policies require the use of universal precautions, under the assumption that every patient may have an infectious disease, which include

- the use of universal precautions for every patient;
- sanctions for failure to use and comply with universal precautions in the dental facility; and
- no retaliation against a person for filing a complaint and all complaints are confidential.

## **MINIMUM TRAINING AND CERTIFICATION** (as mentioned in Facility Operator Responsibilities)

All covered individuals in a dental facility shall

- complete an annual training in OSHA bloodborne pathogens standards and keep records of this training to be made available to the ISDH upon request; and
- complete training in universal precautions as required in IAC and keep evidence of compliance (record of training) of this requirement, to be made available to the ISDH upon request.

### **GENERAL PRECAUTIONS**

- All covered individuals shall comply with requirements under OSHA standards, including the concept that all patients are to be treated as if they have an infectious disease.
- All equipment and environmental and working surfaces not requiring sterilization that have been contaminated by blood or other potentially infectious material (OPIM) shall be **cleaned and disinfected** with approved cleaners and disinfectants; or, if disinfection is not practical, then these surfaces and equipment shall be covered by disposable barriers.
- When heat-stable, nondisposable instruments and equipment are **sterilized**, heating procedures capable of sterilization must be used. This sterilization process also includes proper handling, cleaning, and storage of instruments and equipment.

Heat sterilization procedures are to be monitored with documentation of this monitoring, including

- monitoring each sterilization cycle and documentation of this monitoring;
- using chemical indicators and documentation of this monitoring;
- testing each sterilizer with a biological indicator within 7 days prior to any current use of a sterilizer and documentation of this monitoring; and
- maintaining all sterilizers according to manufacturer recommendations and documentation of this monitoring.
- Reusable equipment requiring sterilization that is not heat-stable (heat labile) must be sterilized by chemical means.

NOTE: The CDC categorizes patient care items as being critical, semi-critical, or non-critical and provides guidelines for when sterilization or disinfection is indicated for these items. Please refer to these guidelines for more details.

### **OPINIONS**

- In the opinion of the OHP, dental facilities should follow manufacturers' instructions for patient care items. (For example, disposable items are to be used once and then disposed.)
- In the opinion of the OHP, the results of required spore tests on sterilization equipment should be retained for at least 3 years.
- In the opinion of the OHP, proper use of chemical sterilization would include, but is not limited to, proper handling, cleaning, sterilization, and storage of patient care items, along with proper monitoring and documentation of the use of any chemical sterilization equipment.
- In the opinion of the OHP, for items that require sterilization and where chemical sterilization is the only option (heat-labile items), equivalent disposable items would be preferable.

### **COMPLAINTS**

A person who believes that Universal Precautions, Rule 4, has been violated may file a complaint with the ISDH:

- The complaint must be in writing, signed, and dated for an investigation to be conducted, unless the complaint is considered an emergency by the ISDH.
- If an emergency, a verbal complaint will be accepted and an investigation initiated, but this complaint must be put into writing, signed, and dated as soon as possible.
- The ISDH will maintain the confidentiality of the person filing the complaint in accordance with 410 IAC 1-4-9.

NOTE: A person may include a current patient, former patient, current employee, former employee, or others with direct knowledge of an alleged violation of universal precautions. However, if an employee's complaint pertains to alleged violations of infection control that threaten the employee's safety and/or health, then that employee would need to file this complaint with OSHA/IOSHA.

## **INVESTIGATION**

The ISDH shall promptly investigate, or cause to be investigated, complaints alleging violations of universal precautions.

## **COMPLIANCE**

The OHP will refer violations considered emergencies to the ISDH Office of Legal Affairs (OLA) for immediate action.

The OHP will attempt to resolve documented non-emergency violations. The OHP may refer violations which have not been satisfactorily resolved to the ISDH Office of Legal Affairs (OLA) for review and any further action it may deem appropriate.

The ISDH has the authority to fine dental facilities that are in violation of the rules and regulations pertaining to universal precautions and infectious waste. The ISDH may also require further action by the dental facility to provide evidence of compliance with all applicable laws and rules and regulations.

Ultimately, if a dental facility is unable or unwilling to resolve a violation to the satisfaction of the ISDH, then the ISDH may refer the matter to the Office of the Indiana Attorney General for enforcement, which may involve review and action by the Indiana State Board of Dentistry.